

**DoD Medical Examination Review Board  
8034 Edgerton Drive, Suite 132  
USAF Academy, Colorado 80840-2200**

**FOOD ALLERGY QUESTIONNAIRE**

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Please complete all of the questions below regarding history of food allergies and return this form to DoDMERB at the above address: If more space is needed, please use back of form and identify each issue by question number.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397

**PRINCIPAL PURPOSE:** To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corp (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

**ROUTINE USES:** This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applicants to their Academies.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

**1) Please list all your allergies to food or food additives: (e.g., peanut, mango, wheat, etc.):**

\_\_\_\_\_

**2) When was your allergy first detected (approximate age) and when was your last reaction?**

\_\_\_\_\_

**3) Please describe in detail the symptoms you experience when you consume these foods or food additives: (e.g., hives, mouth/lip pain or tingling, facial swelling, throat swelling, shortness of breath or difficulty breathing, etc.)**

\_\_\_\_\_

\_\_\_\_\_

**4) Please describe how your allergic reactions have been treated (i.e. emergency room, Epi-Pen, anti-histamines)**

\_\_\_\_\_

**6) Have you been tested by an Allergist for your food allergy? (circle) YES NO**

**7) Has your food allergy improved as you've aged? (circle) YES NO**

If yes, are you now able to eat the offending food? (circle) YES NO

If yes, please describe in detail when you last ate the offending food, how much you ate, and any reaction or symptoms you experienced:

\_\_\_\_\_

\_\_\_\_\_

**8) Certification:** By signing below, I hereby certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date